| Application | or Docket | Number |
|-------------|-----------|-----------|
| Application | 0. 200 | 110111001 |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER SMALL | |
|---|--|---|-------------|--------------------------------|---------------------|------------------|-----------|---------------------|------------------------|---------------------|---|------------------------|
| TOTAL CLAIMS 67 | | | | | |] | RATE | FEE | | RATE | FEE | |
| FOR NUMBER FILED | | | | NUMB | ER EXTRA | | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS 67 minus 20= | | | | * C | 2 | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | | * 6 | | | X43= | | OR | X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +145= | | OR | +290= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | 1017.2 | | , | OTHER | THAN |
| (Column 1) (Column 2) (Column 3) | | | | | |) 71 ø | SMALLE | | OR | SMALL | | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | | XS 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| | | NTATION OF MI | | | | | | +145= | | OR | +290= | |
| 1,3637,38 39,00/41,42,42 | | | | | | | Į | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | | 10011, 1 LL B | | • | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Z D M | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AMENDMENT | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| | FIRST PRESE | NTATION OF MU | JLTIPLE DEF | PENDENT | CLAIM | | ן ו | +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | | | | | | | | OR | TOTAL ADDIT, FEE | | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | | ADDIT. I CC I | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| AMENDMENT C | ` | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NO. | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | | ╢ | X43= | | OR | X86= | · |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +145= | | OR | +290= | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | OR | TOTAL | | | |
| ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3." The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |